

ALARM USER REGISTRATION

Clark County Alarm Users

Clark County Sheriff's Office

PO Box 410, Vancouver, WA 98666

(360) 397-2211 FAX: (360) 397-2361

FOR ALARM UNIT USE ONLY

PERMIT # _____

DATE ISSUED: _____

Name of Alarm User/s: (A) _____
(If business, advertised name. If residence, name of adults.)

(B) _____

Date of Birth: (A) _____ (B) _____

Alarm Location: ☐ Residence ☐ Business – Type of Business _____

If Residence: ☐ House ☐ Condominium ☐ Apartment ☐ Other: _____

Street Address: _____
Street Number City and State Zip Code

Mailing Address: _____
If different from street address (PO Box) City & State Zip Code

Home Phone _____ Work Phone: _____ Cell Phone: _____

Type of Alarm System:

☐ Panic (activated by alarm user at home) ☐ Robbery/Holdup (activated by employee/s at business)

☐ Fire Alarm (activated by system or alarm user) ☐ Medical Alert (activated by alarm user)

☐ Installation Date _____ ☐ Audible Only (local siren) ☐ Monitored Only (by Alarm Company) ☐ Both

Alarm Monitoring Co: _____ 24 hour Phone: _____

Installation / Service Co: _____ Phone: _____

WA State Electrical Contractor License # : _____ Expiration Date: _____

Please list two persons other than listed on line one who can be contacted to assist the deputy or Fire department to secure your premises or reset the malfunctioning alarm.

Name: _____ Phone: _____

Name: _____ Phone: _____

Instructions to help deputies respond/search your premises: (example: guard dog, additional contacts, cellular phone or pager numbers, automatic lights, medical condition) _____

OPTIONAL: BY CHECKING THIS BOX, ALARM USER WAIVES THE FOURTEEN (14) DAY SYSTEM TEST PERIOD AND AGREES TO TAKE RESPONSIBILITY FOR ALL ALARM RESPONSES DURING THAT PERIOD.

Signature (Required): _____

Print Name: _____

Date Signed: _____

IF YOU LIVE WITHIN THE CITY LIMITS OF THE FOLLOWING TOWNS YOU DO NOT HAVE TO REGISTER:
BATTLE GROUND, CAMAS, LA CENTER, RIDGEFIELD, WASHOUGAL OR YACOLT.

Return application with check or money order to:

UNINCORPORATED Clark County: CLARK COUNTY SHERIFF'S OFFICE,
ATTENTION: ALARMS
PO BOX 410
VANCOUVER, WA 98666
PHONE (360) 397-2281 FAX: (360)397-2361

City Of VANCOUVER: ATTN: VANCOUVER POLICE ALARM CENTER, PO BOX 1995, VANCOUVER, WA 98668
(360) 696-8172 FAX: (360) 759-4455

REGISTRATION

- An annual twenty dollar (\$20.00) fee will now be required for the registration of all alarm systems.
- Alarms must be registered with the Clark County Sheriff's Alarm Center before activation.
- If reason exists to believe an alarm system is not being used, or maintained, in proper a manner an inspection may be required. Inspections and corrective action shall be the responsibility of the alarm user, or alarm service company.

VERIFICATION

A penalty of \$100.00 may be issued to any alarm monitoring company that fails to attempt verification of alarm system activation.
Methods of verification include:

- The establishment of voice communication with an authorized person near the alarm site.
- An electronic means for the alarm user to notify the monitoring company to cancel an alarm.
- The installation of a video system that allows the monitoring company the ability to ascertain that activity exists warranting a police response.
- A system of confirmation of the need for a public safety response before an alarm dispatch request to the County.
- An alternate system approved by the Clark County Sheriff.

PENALTIES

The revised code also includes the following penalty structure:

• Failure to register	\$100 and possible disconnection
• First false alarm in a twelve month period	\$50
• Second false alarm in a twelve month period	\$100
• Third false alarm in a twelve month period	\$150
• Fourth false alarm in a twelve month period	\$200
• Fifth false alarm in a twelve month period	\$250
• Sixth false alarm in a twelve month period	\$300 and deactivation

For more information please contact the Clark County Sheriff's Office at (360) 397-2211.